Queens Health Region

Annual Report 2003/2004

Queens Health Region is Accredited by the Canadian Council on Health Services Accreditation

10 YEARS

105-02784/

Queens Health
Region

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Chief Executive Officer's Overview

It is with great pride that I submit the 2003-2004 annual report for Queens Health Region. As Chief Executive Officer, I believe we have many successes to celebrate this past year. The experience and expertise of our dedicated and responsive work force (of approximately 1,000 people) continues to make a positive difference in the health and well being of the 66,000 clients we serve. Some memorable highlights of the year include:

- Queens Health Region launched work on a revised mission and vision in partnership with our community. The new mission and vison better reflect the current and future work of our primary health organization.

- Prepared for a voluntary and comprehensive self evaluation process by the Canadian Council on Health Services Accreditation (CCHSA). The year long process involved employees, the board of directors, clients and community representatives. For our efforts, we have earned a three-year Accreditation with report from the CCHSA.

- Created the Region's first Healthy Living Network to support and further the provincial Healthy Living Strategy. The network is a unique group working together to improve the health of Islanders. It includes interested community members and representatives from Healthy Living Alliances, non government organizations, Queens Health Region, the Eastern School District and government.

- Implemented the provincial Integrated Service Management (ISM) System to integrate provincial health information and promote consistent standards and business procedures in a variety of community based health programs.

- Opened a Freedom of Information and Protection of Privacy (FOIPP) service. The service is responding to applicant requests in a timely manner consistent with the legislation and educating employees about FOIPP legislation.

- Launched the dynamic All Staff Satisfaction Evaluation Response Team (ASSERT) to follow up on the 2003-2004 staff satisfaction survey. Results showed 92% of Queens Health Region staff surveyed like to come to work.

- Coordinated a successful public service campaign which resulted in the safe collection and disposal of more then 3,000 pounds of medications. These unused and out-of-date over-the-counter and prescription medications were collected from Island residents and pharmacists.

- Established humane smoking areas for long term care residents. The smoking areas offer high quality ventilation systems which surpass legislated requirements and are allowing elderly smoking residents to continue their habit in their institutional homes without harm to other residents, visitors or employees.

Respectfully submitted,

Susan Howard
Chief Executive Officer

A Message from the Board Chair

Queens Health Region is a multi-service organization offering a wide variety of primary health and social programs for clients at every stage of life and health circumstances.

The Queens Health Region Board of Directors are determined to make a positive difference in the eating and activity habits of Prince Edward Island children and families, one of our most important and largest client groups. Last year, the nine member volunteer health Board announced their intention to personally adopt healthier eating and activity lifestyles.

Members of the Board clipped a pedometer to our sides and began our new healthier lifestyle with the commitment to walk the recommended 10,000 steps and eat 5 to 10 servings of fruits and vegetables each day. By year end, the Board hope to see, and feel the pay off from healthy lifestyle choices.

One of the Health Board's four main roles is to influence determinants of health outside of the health system. The Board's choice to influence nutrition and physical activity patterns among children was inspired by Prince Edward Island's Healthy Living Strategy.

The Board also launched the Model of Health Award to recognize individuals, groups and businesses who contribute towards improving the eating and/or activity habits of children and/or families.

The Board look forward to continuing this campaign. Learning about the variety of good work taking place in our community to help young people develop healthier lifestyles is inspirational. There is much excellent work being done in the community to make a positive difference in the health of people today, and tomorrow.

Respectfully submitted,

Douglas MacDonald, Chair
Queens Health Region Board

Model of Health recipients include Food Writer **Margaret Prouse** (left) and **PEI Healthy Eating Alliance** represented by Past Chair Dr. Jennifer Taylor (right).

Board Members

Since 1999, the Board has included both elected and appointed community members, who ensure a link exists between the health region and community. Elected members represent one of five Regional Zones, while appointed members are members at large.

Cheryl Dalziel
Zone One

Doug MacDonald, chair
Zone Two

Bill Fitzpatrick, vice chair
Zone Three

Kirsten Connor
Zone Four

Kevin Rofe
Zone Five

Dr. Robert Morrison
Appointed

Judy Gillis
Appointed

Dr. Bob Johnson
Appointed

Garth McCarvill
Appointed

Board Role

The Queens Health Region Board has the mandate to set expectations for outcomes that help to achieve a healthy community, as well as direction for how the Region operates as an organization. Since is establishment in 1996, the role of this Board, and all provincial health boards has evolved to focus on its four main roles which when achieved will ensure the Queens Health Region provides quality services to the community. These roles are:

1. Community Needs Assessment

In an effort to respond appropriately to the health needs of our clients and community, Queens Health Region regularly collects information about the health status of residents, health indicators of the population and a listing of our communities resources, strengths and opportunities. The most recent assessment was completed in preparation for the 2004 survey by the Canadian Council on Health Services Accreditation and results are available for anyone who may be interested.

2. Regional/System Planning and Allocation of Resources

The Queens Health Board uses inputs from various sources (per Accountability Framework) to lead the strategic and operational planing of the organization. Most importantly, this includes the needs of our community. A recent example of this is the planning and implementation of increased community supports in our home care and integrated palliative care program. This was in response to the desire of individuals to remain at home as long as possible.

3. Accountability for Regional System Performance and Results

The Board approved a Quality Framework in fall 2003 and immediately implemented the tool at al levels for information and decision making. The framework has resulted in the consistent, regular and meaningful identification and reporting of outcome, service, safety, and client satisfaction indicators. Queens Health Region Quality Teams present the new information each month to the Board who provide guidance and direction to each team. The information presented is being used to measure system performance and results. The framework is working well for all, so well in fact the Ontario Hospital Association has invited our organization to present our Quality Framework as an example of excellence at their prestigious best practise conference to take place in fall 2004.

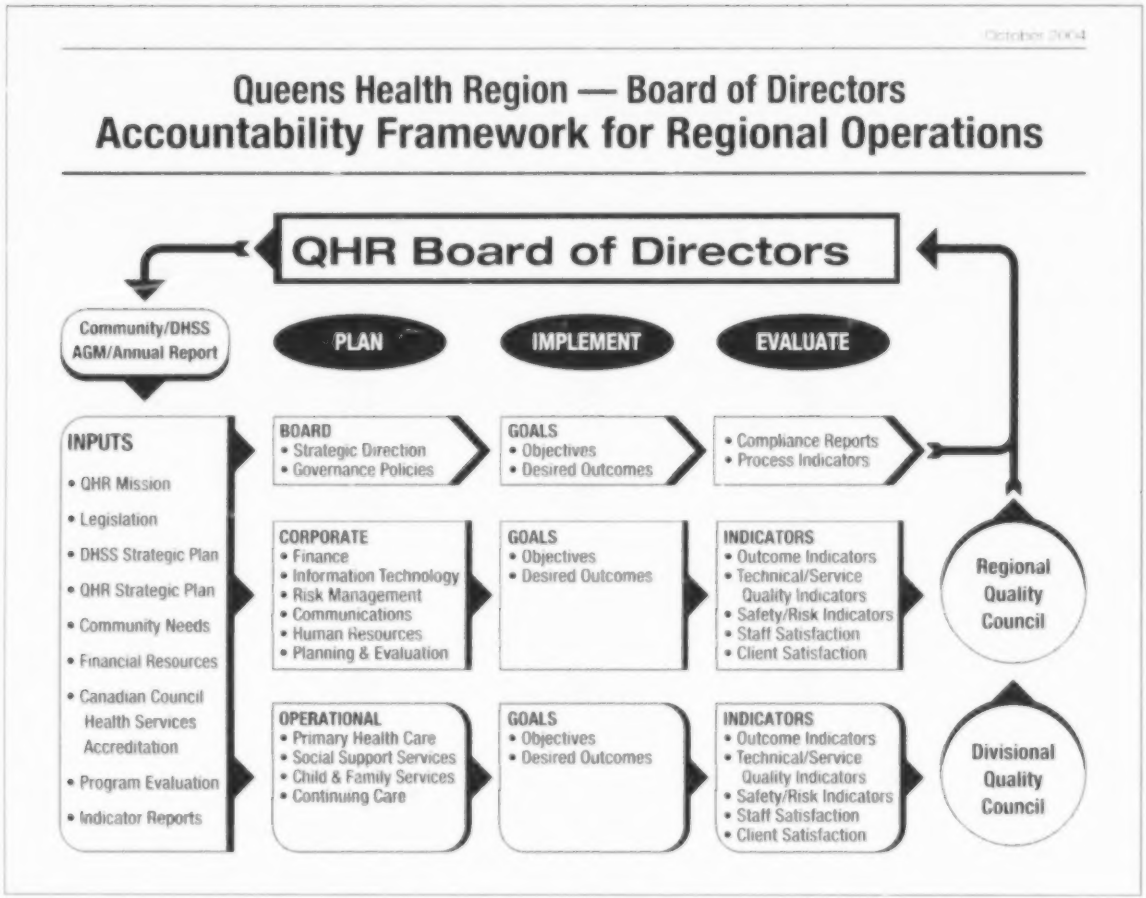
4. Influence of the Determinants of Health Outside the Health System

Determinants of health may sound like complex and foreign factors but in reality they are simply the things that determine our health. While some of these factors cannot be changed like gender, genetic endowment and culture, most of the others can and are influenced by the programs in Queens Health Region. The programs in the Region are aimed at helping individuals improve the factors that determine their health. That is one of the major advantages of having the traditional primary care and social services together in one region --- we can actually help influence the determinants of health, not just provide a service. The Board has a role to influence determinants of health in the community. The role is not radical but it is unconventional as it requires that the Board seek opportunities outside of the traditional health care system of hospital, public health nurse office, family health centres, etc.

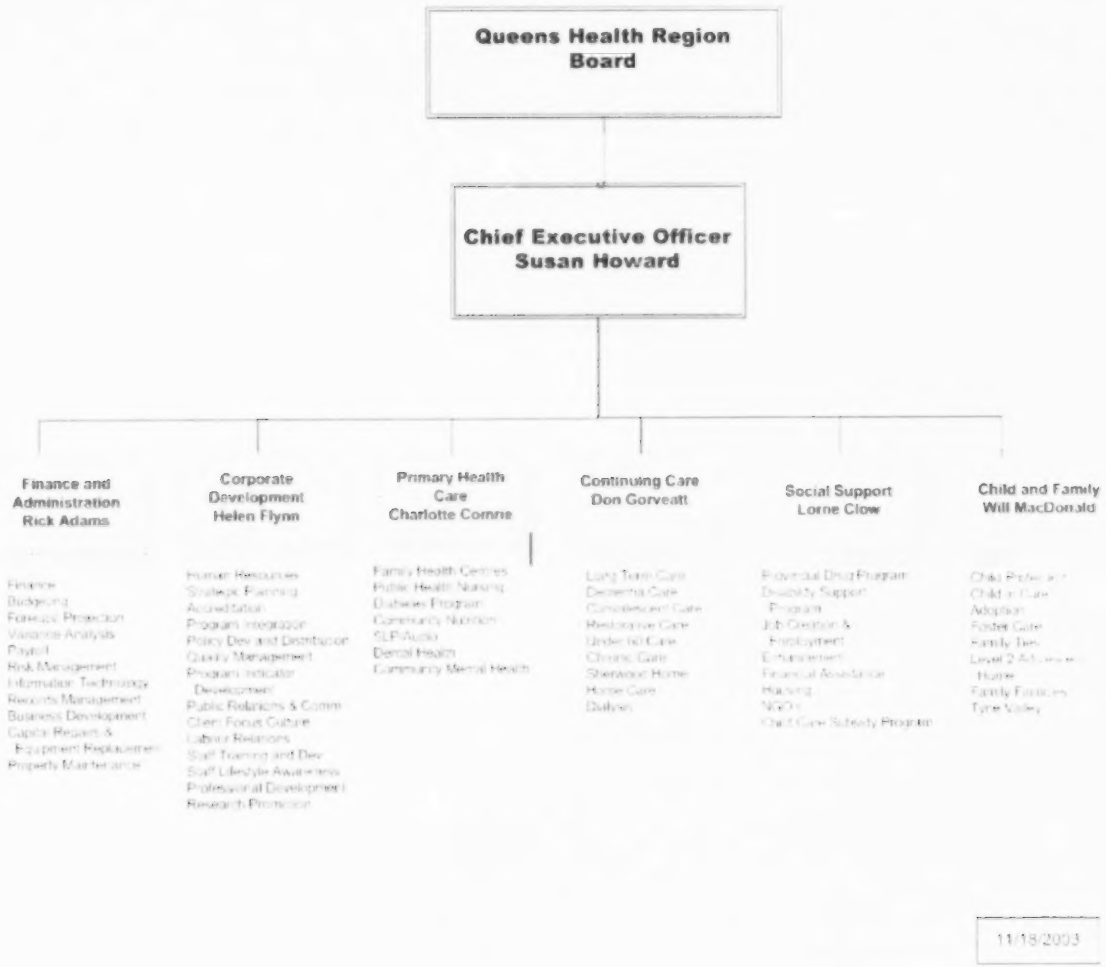
Determinants of Health with examples of some of the Regional programs that help individuals influence that particular determinant.

Health Services • Diabetes Education • Community & Family Health Centres • Home Care & Support • Community Mental Health • Long Term Care	***Employment & Working Conditions*** • Job Creation & Employment Enhancement Programs 	***Personal Health Practices & Coping Skills*** • Regional Health Network • Nutrition Services • Community Mental Health 	***Gender and Culture*** 	***Social Support Networks*** • Long Term Care • Brecken House Day Program • Child & Family Services
Education 	***Physical Environments*** • Seniors & Family Housing 	***Genetic Endowment***	***Income & Social Status*** • Social Assistance Program	***Healthy Child Development*** • Child Protection • Public Health Nursing • Family Ties • Day Care Program

Accountability Framework



Organizational Chart



Mission, Vision & Values

OUR MISSION

Strengthening and supporting health and self reliance

OUR VISION

Healthy people, healthy communities

OUR VALUES (draft)

- Accountability
- Client-focused
- Compassion
- Excellence
- Integrity
- Quality

Our Goals

- To deliver effective services and programs based on community needs
- To promote effective approaches that focus on health promotion, illness prevention and earlier intervention
- To foster a stimulating and challenging work environment where all people enjoy working
- To promote and recognize the contributions and input of the community
- To use our resources in the most efficient way

Our Community Partners

Queens Health Region is grateful for the experience and expertise it receives from its many community partners. The following is a list of many, but most certainly not all of our partners in health.

- Adventure Group
- AIDS PEI
- Alzheimer's PEI
- Arthritis Society of PEI
- Association for Community Living
- Best Start
- Big Brothers-Big Sisters of PEI
- Boys and Girls Club
- Canadian Mental Health Association
- Canadian Paraplegic Association
- Canadian Cancer Society
- Central Queens Family Health Centre Advisory Committee
- CHANCES
- Canadian National Institute of the Blind (CNIB)
- Charlottetown City Police
- Charlottetown Food Bank
- Council of the Disabled
- Cystic Fibrosis Foundation
- Diabetes Association
- Eastern School Board
- Foster Parents Association
- Four Neighbourhoods Community Health Centre Advisory Counsel
- French School Board
- GIFT Program
- Gulf Shore Health Co-op
- Heart and Stroke Foundation of PEI
- Hemophilia Society
- Holland College
- Human Resources Associates (HRA)
- Island Hospice
- John Howard Society
- Kidney Foundation of Canada
- MAST Program
- Meals on Wheels
- Multiple Sclerosis Society
- PEI Plasma Collection Centre
- PEI Association for Newcomers
- Prince Edward Island Department of Education
- PEI Lung Association
- Public Service Commission
- Queens County Residential Services (QCRS)
- Queens Health Region Seniors Advisory Group
- Royal Canadian Mounted Police (RCMP)
- Schizophrenia Society of PEI
- Seniors Advisory Council
- The Women's Network
- Tremploy
- Unions
  - CUPE
  - IOUE
  - PEINU
  - UPSE
- University of Prince Edward Island (UPEI)

Child & Family Service Division

Description:
The mission of Child and Family Services is to ensure those children who are most vulnerable are cared for and protected; and to work in partnership with families and communities to provide children and youth with comprehensive quality health and community services which emphasize least intrusive interventions and protection services.

Authority to investigate and protect children and youth from neglect and abuse is provided by the provincial Child Protection Act.

Programs:
- Investigation/assessment
- Child Protection
- Children in Care
- Foster Care
- Adoption
- Family Service Workers
- The Family Facility
- Group Homes

Quality Indicators:
- 6 months is the average time it takes prospective parents to complete the adoption assessment process
- 35 % of children with open protection services are children in care (compared to 45% a year earlier)
- 82% of court outcomes result in supervision orders
- 97% employee retention rate

INVESTIGATION/ASSESSMENT

Description:
Child and Family Services have a legal responsibility to investigate all reports of suspected child abuse and neglect. In addition to information and evidence gathering staff conduct family assessments to determine how the strengths of a family can be utilized to meets the needs of their children.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Total Annual Referrals	999	1182	1283	1420

CHILD PROTECTION

Description:
The Child Protection Program is intended to ensure all children within the Queens Health Region are safe and received an adequate level of care. It is targeted at vulnerable children whose families have been unable to ensure their safety and care needs are met. Staff work in partnership with families, communities and other governmental and non-governmental agencies to provide children and youth with comprehensive quality health and community services which emphasize least intrusive intervention and protection services. Direction from the Courts is sought in those situations where effective partnerships with families cannot be established.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Active Child Protection Cases - Monthly	351	347	365	334
Number children ordered permanent wards by court	NA	NA	15	8

CHILDREN IN CARE

Description:
The Child in Care Program ensures that the needs of the child are met when it is necessary for children to leave their homes. Appointed staff provide guardianship functions to assure that actions taken are in the best interests of the child and that they receive proper care while wards of the Director of Child Welfare. Staff provide case coordination, case planning, referral and direct service provision (i.e. counselling) services to children in care. Services are provided either directly or in cooperation with other service providers such as educators, mental health professionals, medical service providers and police to children and their families with the intention of reuniting the family when ever possible.

Accountability:
The program is accountable to the Courts, families, the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services).

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Total Children in Care During Year	175	182	218	151
Children in Care Active Cases (as of March 31)	150	141	149	109

FOSTER CARE

Description:
The Foster Care Program provides day to day care for children in care as a substitute or surrogate family environment. Foster care providers are contracted with individually in keeping with Provincial program standards. They are recruited, screened and assessed, trained, supported and supervised on an ongoing basis. Assigned staff work with foster care providers to ensure the needs of the child are met in keeping with their best interests. The Foster Care program also may support families who are parenting their children in their own homes by providing respite care to relieve pressure on the family and may also work with natural parents to maintain and enhance their ability to parent their children.

Accountability:
Accountability for service delivery in this program is to the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services).

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Active Foster Caregivers	73	48	55	48

ADOPTION

Description:
The Adoption Program provides adoptive homes for children who enter the permanent custody of the Director of Child Welfare. Families wishing to adopt are recruited, screened, assessed, matched with children and prepared for placement. Children are prepared and placed and the adoptive placement supervised until the adoption is finalized by the Court.

Accountability:
Accountability for provincial standards rests with the provincial coordinator of Adoptions and ultimately with the Director of Child Welfare (for and on behalf of the Minister of Health and Social Services) under the authority of the Adoption Act.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Adoptions Finalized	1	0	6	10
Department Adoptions Supervised in Queens to Finalization	N/A	7	2	6

FAMILY SERVICE WORKERS

Description:
The Family Service Worker Program provides direct support services to families and children in Queens Health Region in order to preserve the family as the primary care environment for children to be raised in. Staff provide advocacy, education, skills development, and practical and direct support to maintain and enhance the ability of parents to care for their children. They also provide transportation and supervision of visits for children in care.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Total Client Families Served During the Year	48	51	64	99
Average Active Cases per Month	28	31	42	71
Number of Cases Open Beyond 12 Months	13	16	21	10

THE FAMILY FACILITY

Description:
The Family Facility provides programs of support for children in need of foster care, their birth families, kinship and foster care givers.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Supervised Parent/child visits	1291	1401	1768	1352
Family Preservation/ Peer Support groups/ activities	35	51	26	47
Foster Caregiver Support group meetings	119	119	138	108

MAPLE AND EUSTON STREET GROUP HOMES

Description:
The Maple and Euston Street Group Homes with a combined total of 12 beds (two for emergency placements) provide therapeutic and supportive residential care for adolescents at risk, and respite care for adolescents in the care of the Director of Child Welfare. These homes are designed for adolescents who are in need of support but are capable of relatively normal functioning. These homes work with child protection and child in care staff, as well as natural families, foster parents, the Provincial Adolescent Group Home, police and other health regions in the provision of services.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Results: Euston Street Group Home

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Total Admission During Year	25	22	27	22
Total Discharges During Year	21	18	24	17
Total Respites	2	3	NA	5
Average Length of Stay (days)	68	79	64	68

Results: Maple Street Group Home

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Total Admission During Year	31	23	22	26
Total Discharges During Year	26	18	18	20
Total Respites	6	4	4	5

Average Length of Stay (days)	**52**	**75**	**77**	**57**

PROVINCIAL ADOLESCENT GROUP HOME

Description:
The Provincial Adolescent Group Home, with 9 residential beds, provides assessment and treatment for high-risk children aged 12 - 17 years, and their families. The home provides a high level of supervision and social work treatment services by a clinical social worker and group home team. The PAGH also provides 72-hour emergency placement for high risk or out-of-control adolescents aged 12 -17 years. Parents and family members participate in group and family counselling as part of this program. Other partners include mental health, education, youth and criminal justice, and medical services.

Accountability:
This program is accountable to the Director of Child, Community and Family Services, department of Health and social Services and the Director of Child and Family Service for Queens Health Region.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
Total Number of Residents for Year	**N/A**	**30**	**33**	**26**
Number of New Admissions	**22**	**22**	**25**	**21**
Percentage of Residents From Queens Health Region	**59%**	**59%**	**64%**	**65 %**
Total Resident days	**2414**	**2936**	**2853**	**3001**
Average Length of Stay (Days)	**97**	**133**	**116**	**157.9**

FAMILY TIES

Description:
The Family Ties Program works with existing child welfare, education and mental health services to ensure the needs of children and families in crisis are met, by offering family focused crisis intervention, outreach into the community (home, schools, hospitals), family preservation services and adolescent mental health counselling. All services are contracted voluntarily.

Accountability:
This program is accountable to the Director of Child and Family Service for Queens Health Region.

Results:

Service/Activity	2000/2001	2001/2002	2002/2003	2003/2004
New Admissions	**177**	**237**	**180**	**159**
Total active cases	**277**	**346**	**302**	**277**
Active cases year end	**86**	**122**	**149**	**207**

Continuing Care Division

Description:
The Division of Continuing Care provides services which support the health and well-being of seniors and others in the community and in long term care. Those services are delivered through the Home Care and Support Program, Sherwood Home, Brecken House Adult Day Health Program, Prince Edward Home and Beach Grove Home.

Programs:
- Long Term Care
- Palliative Care
- Convalescent Care
- Respite Care

Quality Indicators:
88% of Continuing Care clients surveyed rate overall satisfaction with the services as excellent or very good
- 2 days is the average wait for a new client to access home care nursing services
- 50% of long term care residents have 8 or more prescription medications

Accountability:
Standards and guidelines for the programs within the Division are developed provincially from both legislation and program leaders to ensure provincial consistency. The programs are under the direction of the Director of Continuing Care. As part of Queens Health Region, the Division is accountable to the Board of Directors through the CEO.

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Nursing Homes					
Admissions	196	177	172	198	176
Average Wait (days)	30	22	43	45	35
Palliative Care Admissions	61	61	42	65	60
Convalescent Care/Restorative Admissions	161	149	126	142	115
Respite Care Admissions	47	N/A	50	41	23
Home Care and Support					
Average Case Load	410	400	425	450	455
Brecken House					
Participants	48	46	47	53	50

Primary Health Care Division

Description:
The mission of the Primary Health Care Division follows the principles of primary health care to assist residents in achieving and maintaining optimal health through effective, community based programs and services.

Programs:

- Speech and Hearing
- Public Health Nursing
- Community Nutrition
- Diabetes Program (Queens)
- Community Mental Health
- Four Neighbourhoods Community Health Centre
- Central Queens Family Health Centre
- Dental Public Health

Quality Indicators:

- 93% of Speech and Hearing clients report the services they are provided are excellent or very good
- **71% of 12-year olds** have never had a cavity
- **94% of clients** surveyed are satisfied with services they receive from McGill Community Mental Health and Richmond Centre programs
- **81% of Diabetes Program (Queens)clients** surveyed rated their diabetes management as improved following participation in a diabetes management program
- **96% of newborns** were screened through the infant audiology screening program
- **71% of mothers** are breast feeding their babies at time of discharge from hospital
- **2.3% is the average rate of hospital readmission** among clients of the McGill Community Mental Health program

SPEECH AND AUDIOLOGY

Speech Language Pathology

Description:
Speech Language Pathology provides assessment, diagnosis and intervention for individuals with communication difficulties. Clients age in range from infants to adults with priority for pre-schoolers. Additional ongoing services include teaming with allied professionals, education sessions for parents, care givers, educators, Holland College, provision of programming materials for home, pre-school, school, and frequent case coordination for children involved in multiple services. The service to school age children is primarily assessment and consultation.

Accountability: Speech and Audiology is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	2000/2001	2001/2002	2002/2003	2003/2004
Students Served in School Program	**223**	**239**	**108**	**256**
Preschool Referrals	**171**	**182**	**169**	**168**

Adult Referrals	-	-	-	15

PROVINCIAL AUDIOLOGY PROGRAM

Description:
The audiology program provides assessment, diagnosis and rehabilitation to individuals who have auditory disorders. The main diagnostic facility is located at the Sherwood Business Centre and regional clinics are held in Summerside, Souris, Montague and Alberton. Priority in the Audiology Program is given to children to afford early identification and intervention. Referrals are received from family physicians, ear, nose & throat specialists, pediatricians, public health nurses, speech-language pathologists, hearing aid dealers, parents, School for the Hearing Impaired, educators, social workers, school partners, Department of Veteran's Affairs, industry and occupational health nurses. The audiologist is a consultant to the Infant Hearing Screening Programs which are operated in Island hospital nurseries and the Public Health Nursing Hearing Screening Programs in the various regions.

Accountability:
Audiology is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Total Client Visits	772	849	802	712	713
Active Caseload	337	375	376	847	732
• Pre-Schoolers	36%	46%	46%	52%	52%
• School-Aged	33%	24%	24%	20%	20%
• Adults	31%	30%	30%	29%	29%
Total Referrals	290	360	491	401	366

MCGILL COMMUNITY MENTAL HEALTH CENTRE

Description:
The Centre offers a range of therapeutic services to individuals with serious and persistent mental illness as well as seniors with complex mental health problems who require a broad and intensive level of outpatient/ambulatory mental health services. Services include psycho-educational groups, dialectical behaviour therapy, outreach, one-on-one therapy office visits, medication distribution and psychiatric consultation.

Accountability:
McGill Centre is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the McGill Centre is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
McGill Centre					
Referrals	444	318	511	591	679
New Cases	210	144	274	497	519
Cases Closed	249	227	248	281	237

RICHMOND CENTRE

Description:
Richmond Centre provides community mental health services to individuals requiring assessment and short-term interventions for acute mental health problems of a moderate - severe nature. Therapists and clinicians are from a variety of disciplines including nursing, psychology, social work and psychiatry. Specialized service teams include, eating disorder, depression and anxiety, pre-school special needs, crisis response and autism.

Accountability:
Richmond Centre is accountable to the Director of Primary Health Care. As part of the Queens Health Region, Richmond Centre is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	2001/2002	2002/2003	2003/2004
Caseload/clients served	2144/-	1094/-	854/2470
Adult Referrals	1520	1392	1989
Children's Referrals	624	782	780
• age 0 to 5	12%	11.5%	12.5%
• age 6 to 11	29%	35.5%	27%
• age 12 to 17	59%	53%	60.5%
Average Number of New/Re- Admissions Per Month	101	116	135
Number Consults by child/adolescent psychiatrist IWK travelling clinic	48	24	15
Telepsychiatry Consultation - IWK travelling clinic	14	17	10 video consults
Crisis Response Referrals	NA	251*	306* new -142 readmissions - 164

Crisis Response Referral source • physician • hospital • internal • self-referral	NA	NA	 11% 43% 7% 39%
Crisis Response Assessments	NA	228*	250*
Crisis Response Interviews	NA	369*	291*
Crisis Response Referral to: • Mental Health Team • physicians • psychiatrists • hospital • other	NA	 75 (33%)* NA NA NA NA	 166 (54%) 2 (.65%) 25 (8%) 6 (2%) 45 (15%)

* stats from calendar year, January to December

FOUR NEIGHBOURHOODS COMMUNITY HEALTH CENTRE

Description:
Four Neighbourhoods Community Health Centre is a community-based health organization staffed by an interdisciplinary team offering primary health care programs and services to individuals, families and groups.

The primary health care team provides health care services and numerous health promotion, illness prevention and health education programs. The Primary Health Care Team is the first level of contact for individuals, the family and community. Our team includes nurses, physicians, a nutritionist, a mental health worker, a community developer, a program facilitator and administrative support staff all helping people to achieve their health goals.

Community participation is valued and we have numerous volunteers assisting our programs. A Community Advisory Council and a Programming Committee also help to ensure community input.

Accountability: Four Neighbourhoods Community Health Centre is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	2000/2001	2001/2002	2002/2003	2003/2004
Caregiver & Tot Drop In (average number of participants)	25	80 children 42 adults	45 children 24 adults	72
Primary Health Care Team Clinic Statistics				
Total Number of Clients Registered	NA	443	1259	1817

Total Number of Client Visits	**NA**	**1883**	**NA**	**9580**

CENTRAL QUEENS FAMILY HEALTH CENTRE (HUNTER RIVER/GULF SHORE SITES)

Description:
Central Queens Family Health Centre provides appropriate health care services to the individuals and communities of the Central Queens Region based on the principles of Primary Health Care.
The Central Queens Family Health Centre consists of two sites, the main site in Hunter River and a satellite site located in North Rustico. The primary health care team is the first level of contact with individuals, the family and community. Our team includes physicians, nurses, a mental health worker, administrative staff, and public health nurses. There are two community advisory groups which provide development and planning support. Various community programs like a CHANCES parent-child play group and health and wellness information sessions are provided as part of the Centre's programming. The Centre continues to work with the community to develop other programs. Some highlights of the past year include: monthly blood pressure clinics, provision of flu clinics, monthly Health and Wellness Clinic, partnering with CHANCES, operating satellite site in North Rustico. Nurses are seeing follow up patients in independent visit (10 to 20 per day) while allied health professional are active in the centre with a both a mental health and public health services being provided.

Accountability:
Central Queens Family Health Centre is accountable to the Director Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

Primary Health Care Team Services	**2002/2003**	**2003/2004**
# clients	**4360**	**3073**
# client visits	**12634**	**12254**
NEW - # counselling/psychotherapy services	**-**	**81/95**
Nursing visits - # clients per day who see a nurse (average)	**11**	**11**
# Flu vaccines provided through clinics	**645**	**742**
# Blood pressure clinics	**9**	**20**

PUBLIC HEALTH NURSING

Description:
The objectives of Public Health Nursing is to provide health-related services that are equally accessible, services that will prevent the outbreak of and consequences of communicable and social diseases; services for the early detection and prevention of illness; and health education programs for the promotion of health and healthy lifestyles.

- Prenatal Education - Individual and Groups

- Child Health, Preschool and School Health
- Communicable Disease Control:
  - Immunization
  - Sexually Transmitted Diseases
  - Gastrointestinal Infections
- Health Promotion and Illness Prevention
- Best Start Program
- Cradle Program
- Senior High School Program

Accountability:
Public Health Nursing is accountable to the Director of Primary Heath Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Prenatal Education (classes)	39	43	40	45	48
Prenatal Class Participants	501	787	600	725	860
Infants and Preschoolers Assessed	4188	5874	5141	4670	4906
Immunizations given Children				11376	13684
Post-Partum Visits	1599	1979	2383	2677	2225
School Aged Visits	11160	12671	13117	12983	13057
Best Start Program					
Universal Screens		628	617	613	747
Assessments Completed		55	80	149	189
Families Referred		63	53	57	94

COMMUNITY NUTRITION

Mission:
The mission of the Community Nutrition team is to provide nutrition assessment, counseling, education, advocacy and consultation to high risk, pregnant women, infants, children, and low income families in order that they achieve optimal nutrition to improve their health and reduce their risk of chronic disease.

Program Goals:
- to improve health and prevent chronic disease through good nutrition
- to ensure that clients have access to community nutrition and utilize the service
- to provide nutrition education
- to ensure a client centered focus on service delivery

Accountability: Community Nutrition is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	2000/2001	2001/2002	2002/2003	2003/2004
Prenatal Clients	153	129	125	168
Eating Disorder Clients	17	13	19	20
Other Clients	45	288	346	353
Prenatal Nutrition Classes/participants	17/236	15/236	18/185	16/166
Nutrition Sessions/participants	-	-	-	8/176

DIABETES PROGRAM (QUEENS)

Description:
The Diabetes Program (Queens) provides leadership and expertise to maintain or enhance the quality of life for people affected by diabetes in Prince Edward Island. As part of our mandate, the program provides diabetes education and management advice to clients and their families who attend the program. The program also plays a leadership role in promoting diabetes awareness and prevention in the community by educating health professionals and the public on practices and standards for diabetes care. The program offers at risk classes for those with risk factors of developing diabetes, provides individual assessment, counselling and ongoing follow up for clients, provides continuing education for health professionals and the public, through professional development days and newsletters, provides information on-line to clients through the web site and provides quarterly follow up to children and adolescents with diabetes in coordination with QEH pediatricians.

Accountability:
The Diabetes Program (Queens) is accountable to the Director Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	2000/2001	2001/2002	2002/2003	2003/2004
New Referral	290	303	386	372
Re-referrals	160	210	249	306
New Pediatric clients	12 *PEI Statistics*	12 *PEI Statistics*	10 *Queens only*	19
Getting Started (participants/classes)			247/24	249/24

DENTAL PUBLIC HEALTH

Description:
Dental Public Health in Prince Edward Island is a provincial health service, housed in Queens Health Region. The mission statement of Dental Public Health is, "The Division of Dental Public Health will assist Islanders to achieve and maintain optimal oral health, through its focus on children, youth and the more vulnerable members of society, and through the provision of programs and services based on prevention of disease, promotion of health, and reduction of barriers to oral health care services."

Some of the programs include the Children's Dental Care Program, the Long Term Care Facilities Dental Program, the Orthodontic Clinic, the Cleft Palate Orthodontic Treatment Funding Program, the Pediatric Specialist Services Dental Program and Early Childhood Dental Initiatives Program.

Accountability:
Dental Public Health is accountable to the Director of Primary Health Care. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	2000/2001	2001/2002	2002/2003	2003/2004
Children Served in FY (past 18 mo.)	16,205 (17,482)	15,467 (18,115)	15,218 (18,069)	14,480 (17,540)
Program Utilization Rate in FY (overall estimated-past 18 mo.)	66.1% (87.6%)	63.1% (90.2%)	62.1% (90.1%)	59.1% (89.7%)
Dental Screenings at Long-Term Care Facilities	1002	886	1013	922
Percentage of Children Aged 12 and 13 Who Have Not Experienced Tooth Decay	65%	66.9%	68.2%	69.6%
Children Registered with Orthodontic Clinic	513	497	455	411
Children 15 - 18 Months Seen Under Early Childhood Dental Initiative	778	544	492	321

Social Support Division

Description:
The mission of the Social Support Division is to assist Islanders in maintaining and improving their health by providing a broad range of programs and services.

Programs:
- Financial Assistance
- Employment Enhancement -Job Creation
- Child Care Subsidy
- Disability Support
- Provincial Drug Program
- Housing Services

Quality Indicators:
- 96% of Housing Services clients surveyed report they are pleased with the overall quality of this service
- $14,473 is the average income of families receiving financial assistance
- 77.4% of disability support clients surveyed report they are satisfied with this service

FINANCIAL ASSISTANCE

Description:
Social Assistance is a financial (cash benefit) program for an individual (family) who is unable to provide for his/her basic necessities or meet special emergency situations of need for physical, mental, social, economic or other reasons. This program provides for food and shelter, transportation, special needs such as medications, medical, dental, and optical needs, funerals, housing rehabilitation and adult respite care.

Accountability:
Delivery of the Social Assistance Program is through the Queens Health Region while the Department role is in the area of policy and standards development. The Social Assistance Appeals Board (members from across the province appointed by Executive Council) is responsible for reviewing appeals from applicants and beneficiaries.

Results:

Financial Assistance Caseload **(families)**	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
	2609	2341	2273	2129	2067

EMPLOYMENT ENHANCEMENT/JOB CREATION

Description:
Employment Enhancement/Job Creation Program is mandated by the Queens Region to work with financial assistance clients. The purpose of this work is to enter individuals into employment, reduce or eliminate the need for financial assistance. Services include:
- E.I. Outreach - Active receipt of Financial Assistance and Employment Insurance (EI) or EI claim in the last year.

- Assessment Services - Post secondary, upgrading, career development, educational assessments/skill training plans, employability assessments, career planning, testing, literacy.
- Job Creation Program (JCP) - Clients who are work ready and/or require a subsidy to obtain work.
- Employment Preparation - Getting clients ready to work. Resume writing, cover letter writing, networking, employer contact skills, interview skills.
- Job Focus - Individuals who are read to go to work but who need help in their job search.

Accountability:
Delivery of both programs is through the Queens Health Region. Policies and standards development are the responsibility of the Department.

Results:

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Job Creation Program					
Employers	110	132	123	96	85
Placements	460	405	388	362	358
Employment Training Programs					
Employment Preparation Session Participants	Approx. 60	171	50	194	151
NEW –***Employment Assistance Program Counselling resulting in employment (with no subisdy)***					
	NA	NA	NA	NA	115

CHILD CARE SUBSIDY PROGRAM

Description:
Child Care Subsidy Program assists families with the cost of licensed child care. This program is administered through the five regional health authorities. Subsidies are available when, in the judgement of the regional office, a family's need for child care services is valid. The amount of subsidy depends on the results of a sliding scale income test which considers family size. Full and partial subsidies are available.

Accountability:
Delivery of both programs is through the Queens Health Region. Policies and standards development are the responsibility of the Department.

Results:

Child Care Subsidy Program Caseload (families)	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
	401	451	510	527	698

DISABILITY SUPPORT PROGRAM

Description:

Disability Support Program (DSP) is a social program with a financial component. It was introduced on October 1, 2001. It helps offer equal access to disability supports to Islanders with a qualifying disability on Prince Edward Island. It encourages economic independence by removing disincentives to work and earn income. It also helps adults receive supports who could not do so in the past because they were not eligible for welfare assistance.

The DSP has three components:

- Child Disability Supports to assist families with extraordinary child-rearing needs directly related to their child's disability.
- Adult Disability Supports to help people with qualifying disabilities achieve their desired level of independence.
- Employment and Vocational Supports such as counselling, assessment, training, skills development and pre-employment support through individually-focussed programs to help the individual gain competitive, long-term employment, or supported employment.

Accountability:

The Department is responsible for the development of program policies, standards and communications of the Disability Support Program, as well as the delivery of the Pre-School Autism Early Intervention Program. Delivery of all other components of the Disability Support Program is done through the Queens Health Region.

Results:

	2002/2003	2003/2004
DSP Caseload	402	427

PROVINCIAL DRUG PROGRAMS

Description:

These programs assist individuals to maintain and improve their health by:

- providing financial assistance with drug costs for those who are eligible for the program
- procurring and dispensing medications to government institutions
- purchasing and distributing vaccines to public health nursing
- providing education and consultation services to clients and government institutions (manors, addiction and correction facilities, Public Health Nursing)

Programs include:

- Diabetes Control
- Family Health Benefit
- Financial Assistance
- Multiple Sclerosis
- Seniors Drug Cost Assistance Plan
- Disease Specific Programs

Quality Indicators:

- 96% of Housing clients surveyed report they are pleased with the overall quality of service
- $14,473 is the average income of families receiving financial assistance

Accountability:

The programs are delivered through community retail pharmacies and the Provincial Pharmacy which is operated by, and located within the Queens Health Region. Program delivery by the retail pharmacies is monitored by the Department of Health and Social Services through service delivery agreements with the PEI Pharmaceutical Association.

Resources:

Financial	2000/2001	2001/2002	2002/2003	2003/2004
Diabetes Control Program	$920,000	$885,000	$885,000	$985,405
Family Health Benefit Program	$56,000	$138,000	$206,000	$227,136
Financial Assistance Program	$3,026,000	$3,957,000	$4,224,000	$4,478,729
Multiple Sclerosis Drug Program	$607,000	$661,000	$627,000	$711,928
Private Nursing Home Drug Program	NA	NA	$485,000	$523,636
Seniors Drug Cost Assistance Plan	$6,630,000	$7,199,000	$7,945,000	$8,695,201

Program Performance:

DIABETES CONTROL PROGRAM	2000/2001	2001/2002	2002/2003	2003/2004
Number of Clients Receiving Benefits	3836	4079	4226	4470
Number of Paid Claims	30396	34664	35601	37338
Average Cost per Claim	$28.26	$25.52	$24.85	$26.40

FAMILY HEALTH BENEFIT PROGRAM	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Number of Clients Receiving Benefits	223	321	792	1115	1173
Number of Paid Claims	977	1752	5297	8670	9184
Average Cost per Claim	$27.02	$32.21	$25.98	$23.76	$24.76

FINANCIAL ASSISTANCE PROGRAM	2000/2001	2001/2002	2002/2003	2003/2004
Number of Clients Receiving Benefits	6132	6507	6196	6032
Number of Paid Claims	97012	131942	134549	138495
Average Cost per Claim	$29.86	$29.99	$31.00	$32.12

MULTIPLE SCLEROSIS DRUG PROGRAM	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004

Number of Clients Receiving Benefits	39	53	58	58	60
Number of Paid Claims	324	450	547	507	567
Average Cost per Claim	$1,389.69	$1,349.27	$1,207.94	$1,236.83	$1277.48

SENIORS DRUG COST ASSISTANCE PLAN	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Number of Clients Receiving Benefits	12444	12955	13405	13704	13913
Number of Paid Claims	153210	170571	180368	192398	205907
Average Cost per Claim	$37.04	$38.56	$39.91	$41.34	$42.20

PRIVATE NURSING HOME DRUG PROGRAM	2001/2002	2002/2003	2003/2004
Number of Clients Receiving Benefits	297	327	334
Number of Paid Claims	12451	21049	22706
Average Cost per Claim	$15.96	$16.37	$16.66

Program commenced September 1, 2001

HOUSING SERVICES

Description:

- To provide quality services;
- To support independent living wherever possible and feasible;
- To coordinate and/or provide accessible, affordable, and appropriate housing; and
- To assist communities in meeting their health and social support needs.

Programs:

- Senior Citizens Housing
- Garden Suite Demonstration Project
- Family Housing
- Rent Supplement (Families)
- Rural Mortgage Lending Support
- Second Mortgage Loan Program
- Rural Community Housing Program
- Rural and Native Housing Program
- Social Housing
- Helping Hands for Seniors

Accountability:

This program is accountable to the Director of the Division of Social Support. As part of the Queens Health Region, the Division is accountable to the Board of Directors through the Chief Executive Officer.

Results:

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004
Senior Housing Units	541	532	539	539	539
Applications for Seniors Housing	582 includes Active & Inactive files	151 Active files only	106 Active files only	175 Active files only	52 Active files only
Maintenance Calls by Staff	1591	1596	1600	1652	1672
Seniors Assisted Through Helping Hands Program	27	31	31	36	30
Family Housing Units	176	190	190	190	190
Applications for Family Housing	390	550	142	595	196

NON GOVERNMENT ORGANIZATIONS (NGO's)

Description:
Grants are provided to NGO's to provide services to clients who are intellectually or physically challenged. Services provided range from residential to day programming to vocational. In Queens Health Region there are four NGOs receiving assistance:

- Queens County Residential Services
- Tremploy
- Pat and the Elephant
- Canadian Paraplegic Association

Administration and Corporate Support Divisions

Quality Indicators

- 98% of Corporate Development clients surveyed reported they were very satisfied, or satisfied with the quality of the services provided

CORPORATE SERVICES

Description:
The purpose of the Corporate Development Division is to provide leadership, advice and support to the Board of Directors and Regional staff in the planning, delivery, and evaluation of quality health services.

Programs:

- Quality Improvement
- Strategic Planning
- Freedom of Information and Protection of Privacy
- French Language Services
- Community Needs Assessment
- Communications and public relations
- Information Management
- Research

Accountability:
The Division is accountable to the Queens Health Region for the quality of its leadership, advice and support.

FINANCE AND SUPPORT SERVICES

Description:
The Mission of Finance and Support Services is to strengthen and support our organization and clients. The clients of Finance and Information Technology Services are the CEO, Board, managers & directors in the region, other staff of the region and department, and regional suppliers.

Programs:

- Environmental Services
- Facilities Management
- Finance and Information Technology

Accountability:
The Division is accountable to the Queens Health Region Board through the Chief Executive Officer.

HUMAN RESOURCES

Description:
The mission of the Human Resources Division is to develop and implement policies, programs and benefits that will enable us to recruit, retain and sustain a highly qualified workforce and create quality of work life that will promote the overall objectives of the Queens Health Region.

Programs and services include:

- ensuring the recruitment, selection and promotion of qualified staff to meet regional service needs in accordance with collective and other agreements
- interpreting and administering collective agreements and other employment contacts
- preparing statistical data and analysis of our workforce and implementing strategies to ensure our future workforce
- developing and implementing regional HR policies and procedures
- providing expert advice and assistance on HR issues
- participating in inter-regional and provincial HR planning and Collective Bargaining processes
- participating in the delivery, management and evaluation of benefit and pension plans
- supporting, developing and implementing programs to enhance employee health
- promoting and providing on-going personal and professional development
- maintaining and providing information on our human resources

Accountability:

The Human Resource Division assists the managers of Queens Health Region in anticipating and responding to the human resource needs of a constantly changing work environment to ensure delivery of quality health care services. We serve management and staff in the development, implementation and evaluation of comprehensive human resource systems relating to hiring, retention, compensation and benefits, training, workplace health and safety, and employment relations.

Results:

Sick Leave Usage	2002/2003	2003/2004
Average sick days per FTE	11.4	11.2
Average sick days per employee	9.1	9.1
Days lost to WCB • Average days lost per FTE • Average days per employee	 1.1 0.92	 1.1 0.9
Immunization doses - Influenza	1104*	356
Hepatitis B Immunization	96	343
# Occupational Health & Safety Committees	7	9
Employee Health Services Referrals	NA	63

* includes QEH

Staffing	2002/2003	2003/2004
Nursing: Includes RNs, LNAs, RCWs		
New Permanent	30	15
New Casual/Temporary	36	52
Retirements/Other Departures	25	8

Social and Community Programs: Includes Social Workers, Social Services Workers, etc.		
New Permanent	10	4
Retirements/Other Departures	6	4
Management: Includes Directors, Managers and Supervisors		
New Permanent	1	2
New Casual/Temporary	1	0
Retirements/Other Departures	4	2
Other Health Providers: Includes Therapists, Technologists, Dieticians, etc.		
New Permanent	4	5
New Casual/Temporary	2	13
Retirements/Other Departures	3	4
Support Staff: Includes Clerks, Secretaries, Service Workers, Trades, Computer Services, etc.		
New Permanent	16	14
New Casual/Temporary	58	41
Retirements/Other Departures	9	9
Physicians		
New Permanent	3	4
New Casual/Temporary	0	1
Retirements/Other Departures	1	3
Rate of turnover	7.4%	7.3%

MINUTES

QUEENS REGION HEALTH ANNUAL GENERAL MEETING
Thursday, November 20, 2003, 7:00 pm
Colonel Grey High School Lecture Theatre

Board Members Present:

Ms. Sylvia Poirier, Chair	Mr. Kevin Rofe	Mr. Doug MacDonald
Ms. Judy Gillis	Mr. Bill Fitzpatrick	Ms. Kirsten Connor
Dr. Bob Johnston		

1. WELCOME
The Chair called the meeting to order at 7:05 p.m.

2. CHAIR'S REPORT
Following a brief presentation, Chair Sylvia Poirier moved that the her report be accepted. The motion was seconded by Ms. Kirsten Connor. MOTION CARRIED

3. INTRODUCTION OF CANDIDATES
Dr. Bob Johnston, Chair of the Nominating Committee named the candidates running for election to the Board, Mr. Robert Clow, Ms. Cheryl Dalziel, Mr. Douglas MacDonald and Ms. Catherine MacRae. Candidates were given the opportunity to address the assembly.

4. CHIEF EXECUTIVE OFFICERS REPORT
The Chief Executive Officer presented highlights of the past year.

5. DR. LEON LOUCKS AWARD
The Four Neighbourhoods Community Health Centre Advisory Council were named the winners of the Dr. Leon Loucks Award. The annual award is presented by the Queens Health Region Board to a volunteer group of individuals in recognition of their meaningful contribution towards meeting the health needs of the community. The award is named in memory of Dr. Leon Loucks, who during his lifetime played a significant volunteer leadership role in community health and was also a valued member of the Queens Health Region Board.

6. PRESENTERS
"Helping Teens Make Good Choices: Advice for Parents," offered information of interest to parents of teens. Presenters included Constable Don Crozier, RCMP , Mr. Dale McIsaac, Principle, East Wiltshire School and Mr. Colin Campbell, Social Worker, Queens Health Region.

7. ANNOUNCEMENT OF ELECTION RESULTS
Mr. Doug MacDonald (Zone 2) and Ms. Cheryl Dalziel (Zone 1) were elected to represent their zones.

8. FINANCIAL REPORT
Ms. Mary Best of Arsenualt Best Cameron Ellis reviewed the Auditors' Report outlined in the 2003 Annual Report for Queens Health Region. Ms. Best stated that they have endorsed the financial statement for Queens Health Region as at March 31, 2003. Mr. Rick Adams, Chief Financial Officer for Queens Health Region presented a detailed overview of the financial statements for Queens Region for the year ended March 31, 2003.

9. ADJOURNMENT
The 2002-2003 Annual Meeting of the Queens Health Region adjourned at 9:30 p.m.

Queens Health Region

Financial Statements
March 31, 2004

June 11, 2004

Auditors' Report

To the Members of
Queens Health Region

We have audited the statement of financial position of **Queens Health Region** as at March 31, 2004 and the statements of revenue and expenditures and unappropriated equity, revenue and expenditures and appropriated equity, cash flows and tangible capital assets for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Queens Health Region as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Arsenault Best Cameron Ellis

Chartered Accountants

Queens Health Region

Statement of Financial Position

As at March 31, 2004

	2004 $	2003 $
Assets		
Current assets		
Cash	-	3,793,102
Accounts receivable	1,463,821	5,384,845
Due from Province of Prince Edward Island Department of Health and Social Services	8,727,533	14,681,410
Prepaid expenses	1,270,598	1,404,267
	11,461,952	25,263,624
Assets held in trust	36,440	63,216
Appropriated assets	90,389	165,341
	11,588,781	25,492,181
Liabilities		
Current liabilities		
Bank advances	14,063	-
Accounts payable and accrued liabilities	6,174,212	10,625,736
Accrued vacation pay and retiring allowances	4,285,667	10,798,720
Deferred revenue	988,010	3,839,168
	11,461,952	25,263,624
Assets held in trust	36,440	63,216
	11,498,392	25,326,840
Surplus		
Appropriated equity		
Restricted Fund	90,389	165,341
Unappropriated equity	-	-
	90,389	165,341
	11,588,781	25,492,181

Approved by the Board of Directors

_____ Director

_____ Director

Queens Health Region

Statement of Revenue and Expenditures and Unappropriated Equity

For the year ended March 31, 2004

			2004	2003
	Regional Programs $	Assigned Programs $	Total $	Total $
Revenue				
Contributions – P.E.I. Department of Health & Social Services	73,593,549	21,578,656	95,172,205	168,530,477
Patient/client fees	-	-	-	2,731,912
Other income	194,371	-	194,371	2,937,463
	73,787,920	21,578,656	95,366,576	174,199,852
Expenditures				
Acute care/mental health division				
Queen Elizabeth Hospital (note 2)	-	-	-	75,867,721
Hillsborough Hospital	-	-	-	7,921,303
Primary services division				
Addiction services	-	-	-	3,647,235
Public health nursing	1,879,880	-	1,879,880	1,551,795
Primary services programs	1,147,000	-	1,147,000	1,196,586
Community mental health	3,222,562	-	3,222,562	2,404,772
Family health centres	1,324,288	-	1,324,288	775,887
Child and family services division	8,319,040	-	8,319,040	7,741,987
Social support division				
Income support program	20,201,611	-	20,201,611	19,480,227
Disability support program	3,432,074	-	3,432,074	2,939,217
Job creation program	1,432,492	-	1,432,492	1,189,848
Housing	1,990,052	-	1,990,052	1,863,686
Funding to non-government organizations	3,094,474	-	3,094,474	2,935,400
Continuing care division	26,518,988	-	26,518,988	23,907,162
Administration	1,225,459	-	1,225,459	1,118,086
Assigned programs				
Dental public health	-	2,702,956	2,702,956	2,490,125
Provincial pharmacy	-	18,875,700	18,875,700	17,168,815
	73,787,920	21,578,656	95,366,576	174,199,852
Excess revenue for the year	-	-	-	-
Unappropriated equity – Beginning of year			-	-
Unappropriated equity – End of year			-	-

Queens Health Region

Statement of Revenue and Expenditures and Appropriated Equity

For the year ended March 31, 2004

	2004 $	2003 $
Restricted Fund		
Revenue		
Donations	59,854	54,639
Interest	1,818	1,827
	61,672	56,466
Expenditures		
Resident activities	52,328	68,547
Excess revenue (expenditures) for the year	9,344	(12,081)
Restricted Fund equity – Beginning of year	165,341	177,422
Transfer to Provincial Health Services Authority	(84,296)	-
	81,045	177,422
Restricted Fund equity – End of year	90,389	165,341

Queens Health Region

Statement of Cash Flows

For the year ended March 31, 2004

	2004 $	2003 $
Cash provided by (used in)		
Operating activities		
Excess revenue (expenditures) for the year – operating fund	-	-
– restricted fund	9,344	(12,081)
Net change in non-cash working capital items		
– decrease in accounts receivable	3,921,024	4,937
– decrease (increase) in due from Province of P.E.I. Department of Health and Social Services	5,953,877	(1,757,613)
– decrease in prepaid expenses	133,668	604,717
– increase (decrease) in accounts payable and accrued liabilities	(4,451,524)	1,922,451
– increase (decrease) in accrued vacation pay and retiring allowances	(6,513,053)	1,697,658
– increase (decrease) in deferred revenue	(2,851,157)	3,246,847
	(3,797,821)	5,706,916
Investing activities		
Decrease in appropriated assets	74,952	12,081
Transfer to Provincial Health Services Authority	(84,296)	-
	(9,344)	12,081
Increase (decrease) in cash	(3,807,165)	5,718,997
Cash (bank advances) – Beginning of year	3,793,102	(1,925,895)
Cash (bank advances) – End of year	(14,063)	3,793,102

Queens Health Region

Statement of Tangible Capital Assets

For the year ended March 31, 2004

				2004	2003
	Land and Improvements $	Buildings $	Equipment $	Total $	Total $
Cost of tangible capital assets					
Opening cost	554,007	44,641,977	37,765,265	82,961,249	78,624,764
Transfer to Provincial Health Services Authority	(554,007)	(44,597,391)	(35,898,403)	(81,049,801)	-
	-	44,586	1,866,862	1,911,448	78,624,764
Additions (disposals) during the year	-	(44,586)	572,017	527,431	4,336,485
Closing cost	-	-	2,438,879	2,438,879	82,961,249
Accumulated amortization					
Opening accumulated amortization	29,175	22,644,343	15,839,427	38,512,945	36,091,474
Transfer to Provincial Health Services Authority	(29,175)	(22,620,013)	(15,285,032)	(37,934,220)	-
	-	24,330	554,395	578,725	36,091,474
Add: Amortization (disposals)	-	(24,330)	151,628	127,298	2,421,471
Closing accumulated amortization	-	-	706,023	706,023	38,512,945
Net carrying amount of tangible capital assets	-	-	1,732,856	1,732,856	44,448,304

1 Summary of significant accounting policies

Basis of accounting

Queens Health Region is a non-profit organization incorporated under the Health and Community Services Act, Part III. The Queens Health Region is a registered charity under the Income Tax Act.

The financial statements of Queens Health Region are prepared in accordance with Canadian generally accepted accounting principles for the public sector, as recommended by the Public Sector Accounting Board of The Canadian Institute of Chartered Accountants. The financial results are included in the Public Accounts of the Province of Prince Edward Island.

Basis of presentation

In 2002, the government of Prince Edward Island amended the Health and Community Services Act to form the Provincial Health Services Authority (PHSA). Effective December 8, 2002, the PHSA became responsible for the financial position and operations of the Queen Elizabeth Hospital, Hillsborough Hospital, Addiction Services and the Prince County Hospital.

The Minister of Health and Social Services has provided for the Queen Elizabeth Hospital, Hillsborough Hospital and Addiction Services to report under the PHSA effective April 1, 2003.

During the year, Queens Health Region operated four divisions: primary services, child and family services, social support and continuing care, along with assigned programs from the Prince Edward Island Department of Health & Social Services.

Included in the primary services division are the following services:

- Public health nursing
- Speech program
- Audiology program
- Community mental health
- Family health centres

Included in the social support division are the following services:

- Income support programs
- Disability support program
- Job creation program
- Housing
- Funding to non-government organizations

Included in the continuing care division are the following services:

- Beach Grove Home
- Prince Edward Home
- Contributions to private nursing homes
- Home care and support
- Sherwood Home

Included in assigned programs are the following services:

- Dental public health
- Provincial pharmacy

Restricted Fund

Several institutions in Queens Health Region have funds that are subject to certain restrictions. All such funds were formed for the purpose of benefiting the residents of the institutions.

The following funds are included in the Restricted Fund on the financial statements:

- Beach Grove Home Memorial fund
- Prince Edward Home Memorial fund
- Prince Edward Island Palliative Care fund

Interest earned on these funds has also been designated for the purpose of benefiting the residents and is included in interest income of the Restricted Fund.

Financial support overpayments

Financial support overpayments are recorded as receivable when identified, with a full provision as a doubtful account. Recoveries of financial support overpayments are recorded as a reduction to financial support expenditures when received.

Assets held in trust

Certain institutions provide a safekeeping for residents' monies, which are primarily held in bank accounts.

Tangible capital assets

Capital assets are recorded at cost on the Statement of Tangible Capital Assets. Amortization of capital assets is recorded on the Statement of Tangible Capital Assets using the straight-line method at the annual rate of 6.25% for equipment.

Capital assets purchased in the year are expensed on the Statement of Revenue and Expenditures and Unappropriated Equity.

Many of the services provided through the Queens Health Region are located in properties owned directly or indirectly by the Province of Prince Edward Island. Agreement has been reached with the Province for the Region to use these properties at no rental charge.

The transfer of tangible capital assets to the Provincial Health Services Authority April 1, 2004 was recorded at book value.

Vacation pay and retirement allowances

Vacation pay is recorded as a liability when earned. Retirement allowances are recorded as a liability when an employee meets the eligibility criteria.

Management estimates

The presentation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reported period. Actual results could differ from those reported.

Fair value of financial instruments

The financial instruments of the Queens Health Region include accounts receivable, due from Province of Prince Edward Island Department of Health and Social Services, assets held in trust, appropriated assets, accounts payable and accrued liabilities, and accrued vacation pay and retiring allowances.

The Region has evaluated the fair value of its financial instruments based on the current interest rate environment, market values and the actual prices of financial instruments with similar terms. The carrying value of financial instruments is considered to approximate fair value.

2 Pension plans

Employees of Queens Health Region belong to one of two pension plans, the Uniform Pension Plan for Employees of Prince Edward Island Health and Community Services System or the Province of Prince Edward Island Civil Service Superannuation Fund. The health pension plan is a defined benefit pension plan for basic pension contributions and a defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report dated January 1, 2003, employer contributions to the pension plan are not sufficient to meet the requirements of the plan and a pension fund deficit existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island. These pension plans are not reflected in these financial statements.

Queens Health Region

Schedule of Expenditures by Type

For the year ended March 31, 2004 **Schedule**

	2004		
	Salaries and Benefits $	Operating Goods and Services $	Total $
Expenditures			
Acute care/mental health division	-	-	-
Primary services division	6,640,372	933,358	7,573,730
Child and family services division	5,470,130	2,848,910	8,319,040
Social support division	4,264,841	25,885,863	30,150,704
Continuing care division	18,138,076	8,380,911	26,518,987
Administration	705,287	520,172	1,225,459
Assigned programs	2,324,519	19,254,137	21,578,656
Total expenditures	37,543,225	57,823,351	95,366,576

	2003		
	Salaries and Benefits $	Operating Goods and Services $	Total $
Expenditures			
Acute care/mental health division	57,958,501	25,830,523	83,789,024
Primary services division	8,398,604	1,177,671	9,576,275
Child and family services division	4,900,409	2,841,578	7,741,987
Social support division	3,289,166	25,119,212	28,408,378
Continuing care division	16,387,618	7,519,544	23,907,162
Administration	661,526	456,560	1,118,086
Assigned programs	1,716,907	17,942,033	19,658,940
Total expenditures	93,312,731	80,887,121	174,199,852